

From: "Jean Wallace" <JWallace@roadmaster.com>  
To: "Brandi Northway/crst\_inc" <BNorthway@crst.com>  
Date: 09/10/2009 08:57 AM  
Subject: Roadmaster - Bruce White

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2/23/2012

**EXHIBIT A**

CONFIDENTIAL  
CRST002012

Thanks,  
Jean Wallace  
Finance/Placement Manager  
Roadmaster Drivers School of Tulsa, OK  
Phone: (918) 834-6221  
FAX: (918) 834-6227  
E-Mail: [jwallace@roadmaster.com](mailto:jwallace@roadmaster.com)  
Web: <http://www.roadmaster.com>

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2/23/2012

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Roadmaster Tulsa

CRST Van Expedited, Inc.  
3930 16th Avenue SW  
Cedar Rapids, Iowa 52404  
800-563-2778  
Fax 800-898-2778

- ☐ COMPANY DRIVER APPLICATION  
☐ INDEPENDENT CONTRACTOR APPLICATION

Applicants are considered for positions without regard to race, color, creed, age, sex, disability, or national origin.

## I. GENERAL

Please print plainly and complete all blanks

Name: Bruce Dewayne White Date: \_\_\_\_\_  
First Last Initial Home Phone: (918) 439-9207  
Current Address: 320 S Garnett Tulsa OK 74128  
Number Street City State Zip  
E-mail Address: \_\_\_\_\_ Cell Phone: (918) 921-4478  
Other Addresses (Past 8 years): 320 S Garnett Tulsa OK 74128  
Number Street City State How Long

List all other names you have used: N/A

Date of Birth: _____	Social Security No. _____	Height: <u>6'4"</u>	Weight: <u>205</u> lbs.	Marital Status: <u>Married</u>	Single _____	Divorced _____	Separated _____	Widowed _____
Name of Father: _____	Address (Number, Street, City, State, Zip): _____		Phone #: _____	Occupation: _____	Company-Employed: _____			
Name of Mother: _____	Address (Number, Street, City, State, Zip): _____		Phone #: _____	Occupation: _____	Company-Employed: _____			
Name of Spouse: _____	Address (Number, Street, City, State, Zip): _____		Phone #: _____	Occupation: _____	Company-Employed: _____			

IN CASE OF EMERGENCY NOTIFY: Lisa Benson 320 S Garnett Tulsa, OK 918-439-9207  
Relationship: Wife Name Number Street City/State/Zip Phone

Do you have any friends or other relatives employed by this company? ☐ Yes ☒ No

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
These personal references, other than relatives:  
Name: Lisa Benson Workday Telephone: (918) 439-9207  
Name: Percy White Workday Telephone: 918 439-1287  
Name: \_\_\_\_\_ Workday Telephone: \_\_\_\_\_

## LICENSE

List ALL driver's licenses/permits held in past.

STATE	LICENSE NUMBER	TYPE	EXPIRATION DATE
<u>OK</u>	<u>P080390472</u>	<u>B</u>	<u>09-30-2012</u>

Is your current license a CDL? ☒ Yes ☐ No State: OK Endorsements: 1) Combination vehicles over 26,001 lbs. ☐ Yes ☐ No  
2) Hazardous materials ☐ Yes ☐ No  
3) Air brakes ☐ Yes ☐ No

How did you hear about this company? ☐ Advertisement - Name of Publication: \_\_\_\_\_  
☐ Friend ☐ Relative ☒ Other: School

Referred by: CRST Employee: \_\_\_\_\_ ID #: \_\_\_\_\_ Termination: \_\_\_\_\_

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**II. EMPLOYMENT RECORD FOR PAST 10 YEARS**

Begin with your present or most recent job and work backward in order, listing your employers for at least the past 10 years including all full-time and part-time employment. All time must be accounted for including military service, self-employment and periods of unemployment. Use supplementary sheet if necessary. We must have telephone numbers. Include periods of unemployment.

Current Or Most Recent Employer: Name <u>Vito Antonio</u>		Supervisor <u>Ray Shalton</u>	
Are you presently employed? Yes <u>X</u> No <u>  </u>		May we call your current employer? Yes <u>X</u> No <u>  </u>	
Telephone <u>(918) 583-8831</u>	Address <u>1120 E 19 Tulsa, OK</u>		
Position Held <u>Driver/warehouse</u>	From <u>12/08</u>	To <u>7/09</u>	Rate of Pay <u>11.00/hr</u>
Why do you want to change employers? <u>hope to make more money</u>			Number of states driven in <u>  </u>
No. of Accidents <u>  </u> Please Explain <u>  </u>			
Periods of unemployment (if any): From (mo/yr) <u>  </u> To (mo/yr) <u>  </u>			
Second Last Employer: Name <u>Tulsa Transit</u>		Supervisor <u>Kathy Taylor</u>	
Telephone <u>(918) 582-2108</u>	Address <u>1403 E 5th Ct Tulsa, OK</u>		
Position Held <u>Driver</u>	From <u>1/06</u>	To <u>12/07</u>	Rate of Pay <u>11.00</u>
Reason for leaving? <u>misunderstanding</u>			Number of states driven in <u>  </u>
No. of Accidents <u>  </u> Please Explain <u>  </u>			
Periods of unemployment (if any): From (mo/yr) <u>  </u> To (mo/yr) <u>  </u>			
Third Last Employer: Name <u>  </u>		Supervisor <u>  </u>	
Telephone <u>  </u>	Address <u>  </u>		
Position Held <u>  </u>	From <u>  </u>	To <u>  </u>	Rate of Pay <u>  </u>
Reason for leaving? <u>  </u>			Number of states driven in <u>  </u>
No. of Accidents <u>  </u> Please Explain <u>  </u>			
Periods of unemployment (if any): From (mo/yr) <u>  </u> To (mo/yr) <u>  </u>			
Fourth Last Employer: Name <u>  </u>		Supervisor <u>  </u>	
Telephone <u>  </u>	Address <u>  </u>		
Position Held <u>  </u>	From <u>  </u>	To <u>  </u>	Rate of Pay <u>  </u>
Reason for leaving? <u>  </u>			Number of states driven in <u>  </u>
No. of Accidents <u>  </u> Please Explain <u>  </u>			
Periods of unemployment (if any): From (mo/yr) <u>  </u> To (mo/yr) <u>  </u>			
Fifth Last Employer: Name <u>  </u>		Supervisor <u>  </u>	
Telephone <u>  </u>	Address <u>  </u>		
Position Held <u>  </u>	From <u>  </u>	To <u>  </u>	Rate of Pay <u>  </u>
Reason for leaving? <u>  </u>			Number of states driven in <u>  </u>
No. of Accidents <u>  </u> Please Explain <u>  </u>			
Periods of unemployment (if any): From (mo/yr) <u>  </u> To (mo/yr) <u>  </u>			
Sixth Last Employer: Name <u>  </u>		Supervisor <u>  </u>	
Telephone <u>  </u>	Address <u>  </u>		
Position Held <u>  </u>	From <u>  </u>	To <u>  </u>	Rate of Pay <u>  </u>
Reason for leaving? <u>  </u>			Number of states driven in <u>  </u>
No. of Accidents <u>  </u> Please Explain <u>  </u>			
Periods of unemployment (if any): From (mo/yr) <u>  </u> To (mo/yr) <u>  </u>			

☐ Check here if additional sheet(s) are attached.

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**III. DRIVING RECORD****TRAFFIC CONVICTIONS/FORFEITURES**List ALL vehicle moving traffic convictions and forfeitures for the past three years (IF NONE, WRITE NONE)

DATE	LOCATION (STATE)	CHARGE	PENALTY
	N/A		

**ACCIDENT RECORD**List ALL accidents/incidents with vehicles for past three years, include preventable and non-preventable, WHETHER OR NOT ON MVR. (IF NONE, WRITE NONE)

Date	Type of Vehicle	Nature of Accident (Head-on, rear-end, sideswipe, etc.)	Indicates Preventable or Non-Preventable	Fatalities	Injuries	Any Vehicle Towed
		N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

- A. Do you have any restrictions from working in the United States? ☐ Yes ☒ No
- B. Have you ever been denied a license, permit or privilege to operate a motor vehicle? ☐ Yes ☒ No
- C. Have you ever had a license, permit or privilege suspended or revoked? ☐ Yes ☒ No
- D. Have you ever been convicted for driving while under the influence of alcohol or drugs? ☐ Yes ☒ No
- E. Have you ever been convicted for possession, sale, or use of a narcotic drug, amphetamine, or derivative thereof? ☐ Yes ☒ No
- F. Have you ever been refused liability insurance? ☐ Yes ☒ No
- G. Have you ever been convicted of a Felony? ☐ Yes ☒ No
- H. Do you have any Felonies Pending? ☐ Yes ☒ No
- I. Have you ever been convicted of a Misdemeanor? ☒ Yes ☐ No
- J. Have you ever been disqualified to drive by Federal Regulations? ☐ Yes ☒ No
- K. Have you ever been refused a security bond? ☐ Yes ☒ No
- L. Have you ever failed a Controlled Substance Test, including pre-employment test? ☐ Yes ☒ No
- M. Have you ever tested 0.02 or greater on an Alcohol Test, including pre-employment test? ☐ Yes ☒ No
- N. Have you ever refused a Controlled Substance or Alcohol Test, including pre-employment test? ☐ Yes ☒ No

If answer to any question is yes, state details, circumstances, and date:

1992 Discharging a Fire Arm  
Shot up in the air

**IV. EDUCATIONAL BACKGROUND**Can you read English? ☒ Yes ☐ NoSpeak English? ☒ Yes ☐ NoWrite English? ☒ Yes ☐ No

Type of School	Name and City/State	Graduated	How many years attended?	Major
Grade	Anderson	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	4	
High School	Smethport	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	4	
College	West Seneca	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	5	SP Education
Graduate		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Trade School	Tulsa VA Tech	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Driving School	Road master	<input type="checkbox"/> Yes <input type="checkbox"/> No	Graduation Date:	

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**V. NATURE AND EXTENT OF EXPERIENCE**

Type	Trailer Length	Dates		Approx. Number of Miles	States Operated
		From	To		
Tractor with Flatbed					
Tractor with Van					
Tractor with Fleece					
Tractor with Tank					
Straight Truck					
Other (Specify)					
Other (Specify)					

**VI. CERTIFICATION OF COMPLIANCE**

I hereby certify I possess only a driver's license for the state of my residence and have returned all other(s) I may have possessed to the State(s) of issuance, other than the license(s) listed below.

Operator's Signature

Date

License #

State

**VII. GENERAL INFORMATION**

I was recommended by:

I will drive for:

I am an independent contractor and have a

Year

Make

Unit #

Tractor

Additional information:

**VIII. MILITARY STATUS**Have you served in the U.S. Armed Forces? ☒ Yes ☐ No

Branch?

Dates: From

DD214 Narrative reason for discharge:

Honorable discharge?

☒ Yes ☐ No

Do you have a DD214?

☐ Yes ☐ No

PLEASE INCLUDE YOUR DD214 IF MILITARY SERVICE WAS IN THE LAST THREE YEARS.

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**OVER-THE-ROAD DRIVER JOB DESCRIPTION**

An over-the-road driver must be able to pick up, transport and deliver product in a safe, professional, courteous and timely manner, driving a semi-tractor in the contiguous 48 states, with up to a 63' trailer.

The driver is the single direct contact responsible for good public relations with the motoring public and with existing and prospective clients and customers. The driver must be able to communicate orally and in writing with others including company representatives, fellow drivers, and customers. The driver must be able to read, write and do basic math to properly complete bills of lading, timesheets, logs, accident, and cargo claims paperwork. The driver must be able to read and understand maps.

The driver must know and understand Department of Transportation rules and regulations pertaining to over-the-road drivers, equipment, and cargo listed in the Federal Motor Carrier Safety Regulations. The driver must understand and comply with company policies and procedures.

The driver must have a basic mechanical knowledge of a tractor/trailer. The driver must be able to perform DOT equipment inspections, hook/unhook trailers, and enter and exit the tractor and trailer. The driver must be able to shift manual transmission engines, control the steering wheel, operate the brake and accelerator pedals, and be able to back and park a tractor-trailer unit.

The driver must meet DOT standards for physical exams, drug test, and commercial drivers' license as well as company standards.

The driver must be able to drive up to a 10 hour shift and up to 70 hours per week. In the coast-to-coast team operation, the driver must work effectively with their co-driver to perform their job responsibilities while working relatively long hours and performing repetitive work in a tractor. This may require the driver to be away from home 21 days or more at a time, work with variable work/rest cycles due to frequent deadlines and meeting delivery schedules, be exposed to environmental extremes, and encounter day-to-day stressful situations.

Drivers on occasion must load and unload trailers handling weights of up to 75 pounds and be able to mount snow chains on tires. Drivers may be required to use loading/unloading devices such as electric floor jacks and hand dollies.

This job description is intended to accurately state the working conditions and the tasks that must be performed for this job. However, the description is not an exhaustive list and the driver may be required to perform other tasks or other work from time to time as assigned to the driver by his supervisor or management.

1. Have you reviewed the job description above? ☒ Yes ☐ No
2. Have the requirements of this job been explained to you? ☒ Yes ☐ No
3. Do you understand these requirements? ☒ Yes ☐ No
4. Can you perform the requirements of this job with or without reasonable accommodation? ☒ Yes ☐ No

**IX. AGREEMENT****TO BE READ AND SIGNED BY APPLICANT**

This application for employment and any resulting conditional job offer or contract of hire, shall be deemed to be completed and executed in the state of Iowa.

It is agreed and understood that any misrepresentation of any information by applicant shall be considered an act of dishonesty and may subject applicant to immediate discharge if hired.

It is agreed and understood that the employer or his agents may investigate the applicant's background to ascertain any and all information of concern to applicant's record, including all information on any Alcohol and Controlled Substance Testing/Training Records, whether same is of record or not, and applicant releases former and/or current employers named herein from all liability for any damages for furnishing such information. It is understood that the information in this application will be used and that prior employers will be contacted for purposes of investigation as required by the motor carrier safety regulations. I further release and agree to hold harmless any previous or current employer as well as any employee, agent, or representative thereof from all liability of damage that may arise from the release of these results.

It is also agreed and understood that under the Fair Credit Reporting Act, Public Law 91-508, I have been told that this investigation may include an Investigating Consumer Report, including information regarding my character, general reputation, personal characteristics, and mode of living.

I agree to furnish such additional information and complete such examinations as may be required to complete my employment file.

(MA) - "As applicant for employment with a sealed record on file with the commissioner of probation may answer 'no record' with respect to any inquiry herein relative to prior arrests, criminal court appearances or convictions. As applicant for employment with a sealed record on file with the commissioner of probation may answer 'no record' with respect to any inquiry relative to prior arrests, court appearances and adjudications in all cases of delinquency or as a child in need of services which did not result in a complaint transferred to the superior court for criminal prosecution."

(PA) - I authorize my employer to obtain from the Registry of Motor Vehicles a copy of my Motor Vehicle Violations Record.

It is understood that this application for employment and any conditional offer of employment in no way obligates the employer to employ me and it is understood that if hired, my employment is "at will." The terms of my at-will employment can only be changed by written contract, signed by an officer of CRST.

I agree that any compensation as a result of Worker Compensation Injury or Illness shall be governed by and according to the benefits provided by the state of Iowa.

It is agreed that the applicant, by presenting the application for employment, represents that the statements given by the applicant to the information requested in the application are true, correct and complete, and that any false, misleading or incomplete statements of the information requested in this application shall be sufficient grounds for discharge if employed.

It is agreed and understood that as a condition of employment, all drivers will be subject to drug/alcohol testing and a physical examination.

I affirm that I have a genuine interest and no other purposes in applying for a job with the company.

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

9/7/09  
Date

  
Applicant's Signature

**FOR OFFICE USE ONLY**

Hire Date: \_\_\_\_\_

Termination Date: \_\_\_\_\_

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CRST002018

## DISCLOSURE AND RELEASE

In connection with my application for employment including contract for services with you, I understand that consumer reports which may contain public information may be requested from DAC Services, Tulsa, Oklahoma. These reports may include the following types of information: names and dates of previous employers, reason for termination of employment, work experience, accidents, etc. I further understand that such reports may contain public report information concerning my driving record, criminal records, etc., from federal, state and other agencies which maintain such records; as well as information from DAC concerning previous driving record requests made by others from such state agencies, and state provided driving records.

**I AUTHORIZE WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY DAC TO FURNISH THE ABOVE-MENTIONED INFORMATION WITH REGARD TO THIS APPLICATION FOR EMPLOYMENT.**

I have a right to make a request to DAC, upon proper identification, of the nature and substance of all information provided with regard to the undersigned; and the names of the recipients of any reports about me which DAC has previously furnished within the two-year period preceding my request.

I hereby authorize procurement of consumer report(s). If hired or contracted, this authorization shall remain on file and shall serve as ongoing authorization for you to procure consumer reports at any time during my employment or contract period.

Bruce White  
Print Name

[REDACTED]  
Social Security No.

[Signature]  
Applicant's Signature

09/07/09  
Date

**CRST**  
**VAN EXPEDITED**

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CRST002019



**US MVR Express**

Customer: Roadmaster Driving School Of Tulsa Inc (183214)  
 Actor: Donna Jay (131113donna)  
 SSN: [REDACTED]

=====

.... MVR REPORT ....

=====

STATE: OKLAHOMA DRIVER INFORMATION

=====

WHITE, BRUCE DEWAYNE REF:  
 LICENSE: P080590442

=====

DOB: [REDACTED] SOC/SEC: SEX: HGT: WT: EYES: HAIR:  
 REQUESTED AS/ALSO KNOWN AS: WHITE P080590442 062870

=====

DRIVER LICENSE INFORMATION

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CLASS	ISSUED	EXPIRES	STATUS	RESTRICTIONS
CDL B	09/30/13	SEE STATUS BELOW		

=====

MISCELLANEOUS / STATE SPECIFIC INFORMATION

=====

CLASS: CDL-B=VEH OVER 26000 GCWR OR MORE, TOWED UNIT UNDER 1000  
 STATUS: DEPT. OF PUBLIC SAFETY RECORDS VERIFY WHITE, BRUCE DEWAYNE IS NOT  
 CONTIN : CURRENTLY UNDER SUSPENSION/REVOCATION.  
 ENDOR : F  
 ENDOR: P=PASSENGER  
 MISC: THREE (3) YEAR DRIVING SUMMARY AS OF: 16:17 08-19-2009  
 MISC: CURRENT POINT LEVEL --->00  
 MISC: CDL=Y

=====

DRIVING RECORD INFORMATION

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TYPE	V/S-DATE	C/R-DATE	DESCRIPTION	V/C-CODE	PTS
CONV	01/26/08	02/07/08	TULSA CTY - OPERATING M.V. W/O CURRENT LICENSE PLATE		

=====

DAC RPT#:231- DAC ACCT#:10322- DAC RHP#:103220908191615  
 DMV DATE:08/19/09 DMV ACCT#:

=====

V/S-DATE=Violation/Suspension Date C/R-DATE=Conviction/Reinstatement Date

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OCIS Case Summary for CF-1992-4611- STATE OF OKLAHOMA v. BRUCE D WHITE... Page 1 of 5

## IN THE DISTRICT COURT IN AND FOR TULSA COUNTY, OKLAHOMA

STATE OF OKLAHOMA, Plaintiff, v. BRUCE D WHITE, Defendant.	No. CF-1992-4611 (Criminal Felony)  Filed: 10/23/1992 Closed: 11/24/1992  Judge: Dalton, Jay D.
--	---

## Parties

STATE OF OKLAHOMA, Plaintiff  
Tulsa Police Department, ARRESTING AGENCY  
WHITE, BRUCE D, Defendant

## Attorneys

Attorney  
BISHOP, DOUGLAS (Bar # 814)  
8412 NORTH 116TH EAST AVE  
OWASSO, OK 74055

## Represented Parties

## Events

Event	Party	Docket	Reporter
Thursday, October 29, 1992 at 10:00 AM ARRAIGNMENT (ARR)	WHITE, BRUCE D	Arraignment Docket	
Tuesday, November 24, 1992 at 9:00 AM PRELIMINARY HEARING - ISSUE (PLI)	WHITE, BRUCE D	Preliminary Hearing Docket	
Tuesday, January 12, 1993 at 9:00 AM COURT COSTS DUE (CCD)	WHITE, BRUCE D	Preliminary Hearing Docket	

## Counts

Parties appear only under the counts with which they were charged. For complete sentence information, see the court minute on the docket.

Count # 1. Count as Filed; SWIK, SHOOTING WITH INTENT TO KILL, in violation of 21 O.S. 852  
Date Of Offense: 10/22/1992

## Party Name:

## Disposition Information:

Defendant: WHITE,  
BRUCE D

Disposed: CONVICTION, 11/24/1992. Guilty Plea.

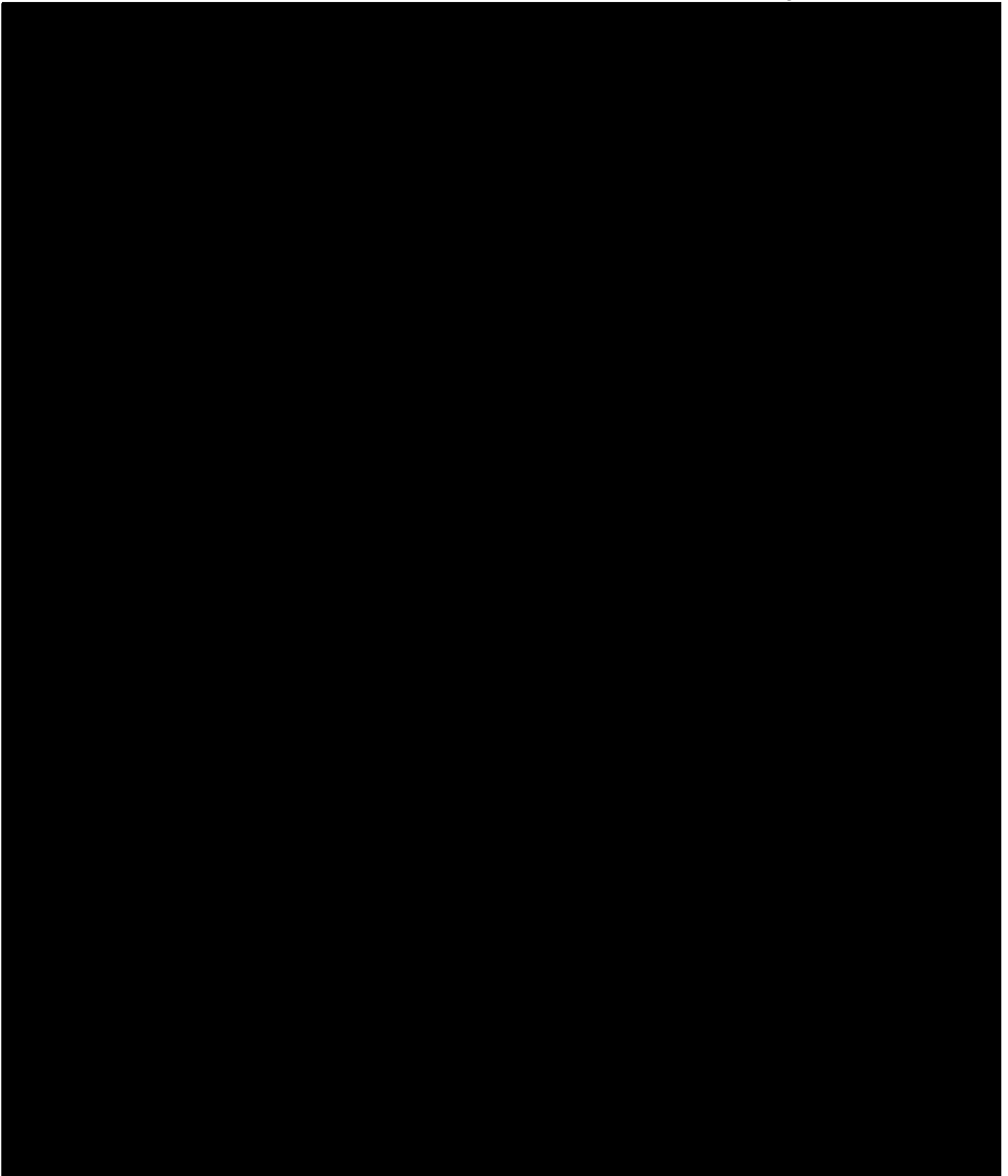
Count as Disposed: OTHER WEAPONS OFFENSES (MF: SWIK - RED TO DISCHARGING FIREARM) (OWPN)  
Violation of 21 O.S. 1272-1289

## Docket

Date	Code	Count	Party	Serial #	Entry Date	User Name	
10-23-1992	INFOD	-		19214329	Oct 28 1992 12:00:00:000AM	uploadKRA	\$ 0.00
INFORMATION SHOOTING WITH INTENT TO KILL							
10-23-1992	TEXT	-	WHITE, BRUCE D	19486526	Oct 28 1992 12:00:00:000AM	[559153]4-30	\$ 0.00

REQUESTED BY MW

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CRST002021

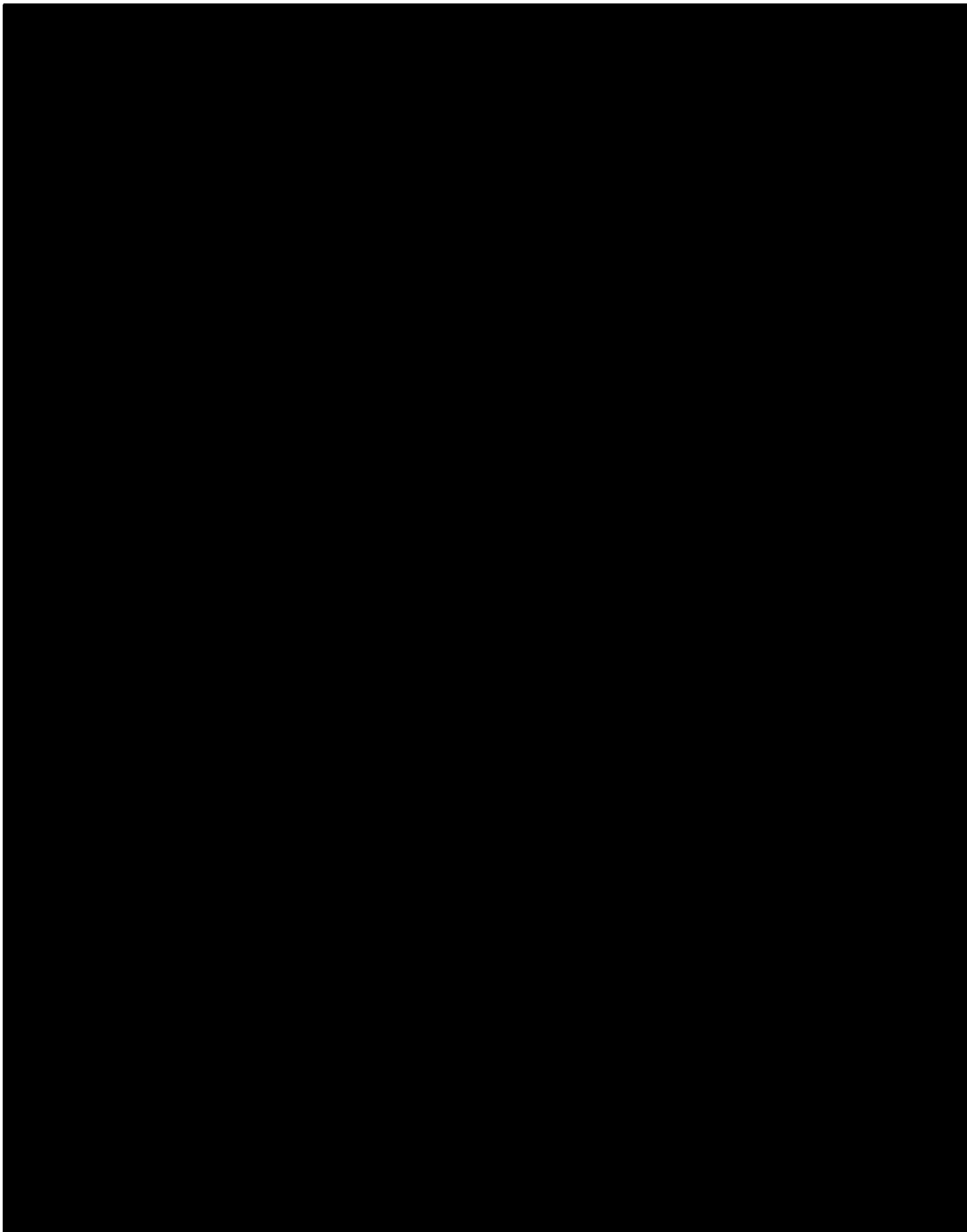


[Redacted protected health information]

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CRST002022

[Redacted protected health information]

**CONFIDENTIAL**  
**CRST002023**



[Redacted protected health information]

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CRST002024